

U.S. MARSHALS SERVICE

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U.S. Department of Justice
United States Marshals Service

2021 APR 30 AM 7:55

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF CELINDA COX/SCOTT BOYD	WESTERN DISTRICT/TEXAS AUSTIN DIVISION	COURT CASE NUMBER 1:21-cv-00270-LY-AWA
DEFENDANT DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES- Region 7 et. al		TYPE OF PROCESS CIVIL
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Kristen Harris ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1104 W. Buchanan Dr., Burnet, Texas 78611		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 1 Number of parties to be served in this case 4 Check for service on U.S.A.
Celinda Cox/Scott Boyd 675 Narrows Rd. Blanco, Texas 78606		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney, other Originator requesting service on behalf of: <i>Christina Cordero</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 4/29/2021
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 080	District to Serve No. 86	Signature of Authorized USMS Deputy or Clerk <i>OG</i>	Date 4/30/21
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) JEFFREY S. UNK Agent				Date 5/17/21	Time 2:37 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy <i>OG</i> CARLOS RODRIGUEZ	

Costs shown on attached USMS Cost Sheet >>

 REMARKS 5/13/21 mailon CRT/RYN RECEIPT 7017 2620 0000 13839537
 USPS mailed 5/13/21 1-907
 765

 21 JUN -8 PM 12:35
 CLERK OF COURT
 WESTERN DISTRICT OF TEXAS
 BY *OG*
 DEPUTY CLERK

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article

Kristen Harris
1104 W. Buchanan Dr.
Burnet, TX 78611



9590 9402 5314 9154 3531 64

2. Article Number (Transfer from service label)

7017 2620 0000 1383 9537

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

- ☐ Priority Mail Express®
- ☒ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt